

POPULATION CONTROL IN INDIA

By CEDRIC DOVER

THE need for population control in India has been often emphasized. Within the country itself, large sections of the public, both professional and lay, favour the widespread use of contraceptive measures, but pronounced personal views against birth-control are also prevalent. The opponents belong to the so-called educated classes, and base their attitude on religious prejudices so familiar to birth-control workers that they need not be considered here.

OPPOSITION TO BIRTH-CONTROL

Apart from religious and private objections, certain economists feel that birth-control is neither necessary nor feasible in India. Thus, G. S. Ghurye and S. R. Deshpande, who made an economic survey* of 2,053 immigrant labourers from Konkan to Bombay a few years ago, felt that their inquiry did not support the need for restricting the birth-rate in India. They found that female reproductivity ceased at twenty-eight years, the average age of mothers at the first birth being 18.5 years. The interval between births averaged 2.8 years, and the number of children per marriage was 4.4. These figures may be accepted as more or less representative for the labouring classes throughout the country, and provide an apparent case against the practice of contraception. But it does not stand close analysis. For one thing, the incidence of abortions was not considered; nor was adequate importance given to the relief which contraception gives to the family. And Ghurye and Deshpande's survey itself shows how urgent is the need for such amelioration. The sample studied lived almost entirely in one-room tenements under conditions which can be readily imagined. Among the women, 23.8 per cent. belonged to the age-group 21-25 years, the proportion falling to 11.3 per cent. after 30 years, owing

to the fact that the older women returned to their homes permanently incapacitated by illness. That this condition could not be wholly ascribed to environmental factors is partly shown from the information that mothers belonging to the age-groups 9-13 and 14-18 years contributed 4.9 and 51.3 respectively of the births. Even on the basis of this inquiry it must be concluded, therefore, that restriction of the birth-rate is necessary in India. Wider studies emphasize this need further.*

According to Dr. C. V. Natarajan (*in litt.*) of the Mysore Health Department, and other workers, the masses, to whom primitive methods are already known, take readily to suggestions for restricting parenthood. The average labourer is certainly capable of assimilating and using simple instruction in the vernacular, and in this connection it is interesting to note that the members of the Statutory Commission (1930) commented on "the shrewdness which often resides in the illiterate peasantry." There is no basis, therefore, for the popular belief that the Indian masses are too ignorant to understand simple contraceptive technique, nor is there any reason to suppose that unsurmountable difficulties prevent wide distribution of this knowledge. It is said that almost every village has its health visitor, and the cost of effective methods can be so greatly reduced as to place them within universal reach, particularly if modest State aid is given. This has been partly proved in Mysore.

THE OFFICIAL ATTITUDE

Neither the Indian Government nor welfare and other ameliorative agencies have given serious consideration to the problem of population control. Apathetic officialdom in

* See, e.g. Wattal, P. K.: *The Population Problem of India*. Bennett Coleman, Bombay, 1934. Das, R. K.: *The Industrial Efficiency of India*. P. S. King, London, 1930. Hutton, J. H.: *Census of India, 1931*. Government of India, Delhi, 1933.

* *Indian Journal Economics*, 1931.

India has yet to learn that "it is incompatible with sound public health administration that any Government worthy of the name should allow itself to be deterred against its better judgment from including in the national health services clinics for advice on birth-control."*

In some Provinces, however, evidence of interest in the problem is not wanting among those theoretically concerned with the administration. In the Madras Legislative Council, Mr. Shetty's efforts† during the last five years have resulted in the inclusion, against a storm of opposition in which Roman Catholics played a dominant part, of birth-control in the maternal welfare activities of the Presidency. It may also be stated that a few years ago the Government of Bombay made a noteworthy decision in repealing the ban imposed by the Board of Censors on a film, issued by the National Baby and Health Week Committee of Bombay, entitled *If She Only Knew*, which was a propaganda film for birth-control, inasmuch as it illustrated the relationship between frequent pregnancies and tuberculosis.‡

In certain Indian States the position is more advanced than it is in British India. The Government of Mysore State was, I believe, the first in the world to open (in 1930) official birth-control clinics at its principal hospitals, but between the recognition of the principle and the fruition of its objects there has unfortunately been a wide gap. Visiting one of these clinics in 1932, I was informed by the doctor in charge that she had only had about ten cases, and that conditions were not much better at the other clinics in the State. This was not surprising, since she was opposed to the widespread practice of contraception, relating with pride her discouragement of "women with only three or four children" who had approached her for advice. In other Indian States such as Baroda, Travancore, Cooch Behar, Rajkote,

Pittapur and Jaipur, the rulers are also interested in the birth-control movement, but little has been done, except in Travancore, outside the sphere of avowed sympathy.

UNOFFICIAL ENDEAVOUR

Private activity has resulted in the formation of a few propagandist societies and birth-control centres. The former, however, live on the verge of extinction, and the latter are largely associated with the sale of literature and proprietary goods of very doubtful value. The only organization deserving notice is the Madras Neo-Malthusian League, of which Sir Vepa Ramesam, a judge of the Presidency High Court, is the moving spirit, with the Maharajahs of Pittapur and Jaipur as patrons. It has done valuable propagandic work, and publishes authoritative pamphlets in addition to a useful journal.

To such activities the medical profession has made practically no contribution, though recognizing their need.* The Indian Medical Association, however, showed some interest in the subject by requesting a survey of contraceptive technique,† and Dr. A. P. Pillay, who has frequently emphasized the bearing of contraceptive knowledge on welfare work,‡ conducts "The Eugenic Clinic" at Bombay, where advice is given without restrictive conditions. This clinic is largely confined to the more prosperous classes, but Dr. Pillay hopes to expand his services if he has sufficient support.

Propaganda alone, based on Western experience and a few economic generalizations, will not establish the birth-control movement in a country where contraceptive practice requires a special approach. Methods for the masses require particular attention, the investigation of indigenous products offering a rich field for the combined efforts of laboratory and social workers. One of the main problems of population control in India is of finding a really cheap contraceptive which will ensure a high degree of safety,

* Macassey, Sir Lynden: *Journal State Medicine*, XL, 399-405, 1932.

† See *Madras Birth Control Bulletin*, I, 2-7, 1931; II, 13-14, 1932; and later issues. Also the *Madras Mail and Hindu* in the third quarter of 1933.

‡ Phadke, N. S.: *Birth Control Review*, XII, 174-5, 1927.

* See editorials in *Indian Medical Gazette*, 1929, 1931-2.

† Dover, C.: *Indian Medical World*, I, 1930.

‡ See, e.g. *Welfare Problems in Rural India*. Tara-porevala and Sons, Bombay, 1931.

even if it does not furnish the complete security which combined methods offer to more fortunate persons.

INDIAN LITERATURE ON CONTRACEPTION

Like most countries, India produces a large volume of contraceptive literature of poor quality. I know of no work published in India that attains the standard of a thorough modern study, but several "popular" works are at least earnest in purpose. In this category are those by N. S. Phadke* and Mercia Heynes-Wood,† and the publications of the Madras Neo-Malthusian League.‡ Vernacular pamphlets are also numerous, but there is much scope for brief and reliable information in the vernaculars, such as that supplied in Prof. R. D. Karve's Marathi monthly, *Samajaswathya*.§ Meanwhile, there are moderately useful works in Hindi, Bengali, Gujarati, Marathi, Tamil, Telugu and Urdu.

ORGANIZATION

Research and propaganda need to be supplemented by adequate organization, if the birth-control movement in India is to be productive. Broadly speaking, the existing machinery of medical administration should be utilized by (1) making contraceptive information available, without restrictive considerations, at all general and maternity hospitals and welfare centres; (2) including

birth-control on the programme of all departments and associations concerned with public health; (3) instituting short courses on contraception in medical and health schools, and (4) enforcing legislation against quackery and profiteering in connection with the sale of contraceptive literature and products.* The formation of an All-India Birth-Control League, which is being stimulated by the efforts of the Birth-Control International Information Centre† in co-operation with local groups, supported by provincial branches, would help to secure official action which it would support and extend. With co-operative organization of this nature, information on birth-control could be made available to the most rural populations, since it is said that every village has its health visitor, whose services can be utilized for this purpose.

Finally, it must be emphasized that contraception alone will not suffice for productive population control in India. The need for sterilization and legalized abortion‡ is imperative in a country where the increasing incidence of such diseases as leprosy and insanity has not proved susceptible to treatment and research, and where abortion is already prevalent and the failures of contraceptive technique are likely to be relatively higher than they are in the West. The sponsors of the birth-control movement must realize that the success of their efforts is charged with danger if concession to illiberal sentiment excludes sterilization, segregation and abortion from the public health programme.

* *The Sex Problem in India*. Taraporevala and Sons, Bombay, 1927.

† *Eugenics and Birth-Control: A Contribution to Social Reconstruction in the East*. Times Publishing Co. Lahore, 1931.

‡ Including a book on *Population and Birth-Control in India* (People's Publishing House, Madras, 1930), by its Secretary, Dr. M. S. Krishnamurti Ayyar.

§ Prof. Karve's labours in the cause of Indian eugenics were recently rewarded by a fine for the expression of opinions which are a common feature of Western life. See *Reason*, Bombay, Nos. 5 and 8, 1932.

* Dover, C. : Eugenic Legislation in India. *Quarterly Review*, January, 1935.

† Particulars may be obtained on application to the Honorary Director, Parliament Mansions, London, S.W.1.

‡ Dover, C. *Op. cit.*

